

Wisconsin Driver License (DL)/Identification Card (ID) Application Instructions

Acceptable proof of identity and residency are required.

APPLICATION COMPLETION REQUIREMENTS

- DL customers, complete sections A, B and C.
If under age 18, complete section D also.
- CDL customers, complete sections A, B, C and E. Your Federal Medical Certificate is required, unless you drive a school bus or drive for a political subdivision.
- ID card customers complete sections A and B.

DONOR Responses are recorded to identify potential donors. You need not respond to obtain a license. Answering "yes" does not in itself authorize an anatomical gift. To indicate your desire to make an anatomical gift: sign the back of your driver license or ID card and tell your family.

NOTICE to Males age 18-25 By submitting this application, you consent to be registered with the Selective Service System, if required by Federal law. You also authorize the Department of Transportation to forward any information contained in this application that is requested by the Selective Service System for the purpose of registering you as provided in s.343.14(2)(em) and s.343.234 Wis. Stats.

SOCIAL SECURITY NUMBER (SSN) If you have an ssn, you must provide it. Your SSN may be used: 1) For purposes authorized by law; 2) To link your driver license and vehicle registration records. Your ssn must correspond with the number issued by the Social Security Administration, which is required by s.343.14(2)(bm) Wis. Stats. Federal regulation 49 CFR, Part 383.153 requires an ssn for commercial driver license privileges.

WARNING Any person who, on applying for a driver license or ID card, presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000, or imprisonment for not more than 6 months, or both, revocation of driver license privilege for one year or cancellation of the ID card.

RELEASE OF INFORMATION The Department uses information provided to issue driver licenses in Wisconsin, collect fees and enforce laws. Under Wisconsin open records law and s.341.17(9) Wis. Stats., the department may make nonconfidential information available to others for business purposes. If you want your name and address withheld from vehicle record requesters, please indicate in Section A.

ADA The Wisconsin Department of Transportation complies with the Americans with Disabilities Act (ADA).

OFFICE USE ONLY

Date				Processor ID		Reason for Reissue							
Wisconsin or Out-of-State License Number				State		Expiration Date		Application Type					
ID Proof				SSN Proof		Resident Proof		<input type="checkbox"/> ORG <input type="checkbox"/> RNW <input type="checkbox"/> DUP <input type="checkbox"/> REI <input type="checkbox"/> RSM <input type="checkbox"/> AMD <input type="checkbox"/> COA					
Visual Acuity				Without RX		With RX		Temporal Field of Vision In Degrees		Product Type			
Right Eye				20/		20/				<input type="checkbox"/> ID <input type="checkbox"/> REGI <input type="checkbox"/> CDLI <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI			
Left Eye				20/		20/				<input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVP <input type="checkbox"/> NON			
Corrective Lenses				Color Perception		Hearing		Driver Education		Class(es) Issued			
<input type="checkbox"/> YES <input type="checkbox"/> NO								<input type="checkbox"/> P <input type="checkbox"/> C		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M			
Examiner ID				Test Score		Highway Signs		Knowledge		Endorsements			
										<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T			
										Federal Medical Certificate Shown			
										<input type="checkbox"/> YES <input type="checkbox"/> NO Expires _____			
										Amount			
										<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Acct. \$			
										X			
										(Processor Signature)			
										(Processor ID)			

SECTION A - CUSTOMER - PLEASE PRINT

Check one. I am applying for: ☐ Driver License ☐ Identification Card

Customer Name - First, Middle Initial, Last						Birth Date - Month		Day	Year	Social Security Number	
Residence Address - Street						City		State		ZIP Code	
Mailing Address and/or Post Office Box - <u>ONLY If Different</u> from Residence						City		State		ZIP Code	
Sex	Race	Eyes	Hair	Weight	Height	Former Name If Changed Since Last License					
Do you wish to be recorded as a potential organ donor?						Reason for Name Change					
<input type="checkbox"/> YES						<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____					
<input type="checkbox"/> NO											
Please check the box if you wish to have your name/address withheld from lists we sell.						I certify that the information on this application is true and that I am a resident of Wisconsin.					
						X					

WISCONSIN DRIVER LICENSE/IDENTIFICATION CARD APPLICATION

(Customer Signature)

(Date)

SECTION B - DRIVER LICENSE/IDENTIFICATION CARD CUSTOMER

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has your license, ID card or driving privilege been revoked, suspended, disqualified, cancelled, or denied? If yes, give date and place _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin? If yes, give date and place _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you hold a valid driver's license/identification card FROM ANOTHER STATE/COUNTRY? If yes, list _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Years of licensed driving experience in the U.S. and Canada? _____ | | |

SECTION C - ALL DRIVER LICENSE CUSTOMERS ONLY

- | | YES | NO | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|-----------------------------------------------|
| 1. Do you need glasses or contact lenses for driving? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. In the past year, have you had a loss of consciousness or muscle control, caused by any of the following conditions? If yes, check condition(s) and give date _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Brain or Head Injury (2) | <input type="checkbox"/> Heart (6) | <input type="checkbox"/> Mental (3) | <input type="checkbox"/> Seizure Disorder (4) |
| <input type="checkbox"/> Diabetes (5) | <input type="checkbox"/> Lung (6) | <input type="checkbox"/> Muscle or Nerve (2) | <input type="checkbox"/> Stroke (2) |

SECTION D - DRIVER LICENSE CUSTOMERS UNDER AGE 18 ONLY

Applicant Certification: I certify that in the past 6 months, I have not been ticketed for a moving violation that has or may result in a conviction. I understand that falsifying this statement will result in the cancellation of my probationary license. Applicant Signature - Required

 X

School Certification: I certify under s.343.14(5) Wis. Stats., that this applicant is enrolled in approved behind-the-wheel training which begins no later than 60 days from date signed.

School Name _____

Official WI DOT Test Results (line out if not used)

Knowledge Test		Highway Sign Test	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Authorized School Official/Instructor Signature _____		Date Signed _____	

 X

Sponsor Certification: As the adult sponsor, I accept responsibility and verify that minor is not a habitual truant and meets the educational requirements under s.343.15 Wis. Stats. and, if required for this application, has accumulated at least 30 hours of driving experience, 10 of which were at night.

Minor Name - Print _____

Sponsor Name - Print _____	Relationship to Customer _____
----------------------------	--------------------------------

Sponsor Wisconsin DL/ID Number _____	Sex _____	Birth Date _____
--------------------------------------	-----------	------------------

Sponsor Signature (Must be Notarized) _____

 X

State of Wisconsin County Of _____	Subscribed and sworn to before me this date _____
------------------------------------	---------------------------------------------------

Notary Public or DOT Authorized Agent _____	My Commission Expires _____
---------------------------------------------	-----------------------------

 X

Do NOT Use Notary Seal

SECTION E - COMMERCIAL DRIVER LICENSE CUSTOMERS ONLY (If applying for a Hazardous Material "H" Endorsement, you may also complete an MV3735 application.)

- | | YES | NO | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. In the past 5 years, have you had a loss of consciousness or muscle control, caused by a neurological condition, for example, seizure disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you meet all the driver qualifications as required by 49 Code of Federal Regulations 391 to operate a commercial vehicle? If yes, show your valid Federal Medical Certificate to the examiner. If no, see publication BDS218. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 2 years, have you taken insulin to control a diabetic condition? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is the vehicle in which you will take the commercial driver license skill test representative of the type of vehicle you will operate or intend to operate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 2 years, have you taken oral medication to control a diabetic condition? | <input type="checkbox"/> | <input type="checkbox"/> | Commercial Vehicle Classes | | |
| 4. Is your hearing impaired? (hard of hearing) | <input type="checkbox"/> | <input type="checkbox"/> | A Any combination of vehicles Gross Combined Weight Rating (GCWR) over 26,000 pounds provided Gross Vehicle Weight Rating (GVWR) of towed vehicles is over 10,000 pounds (GCWR, actual, or registered weight). | | |
| 5. In the past 5 years, have you been convicted of a felony or offense against public morals in Wisconsin or in any other state? If yes, give date and place _____ | <input type="checkbox"/> | <input type="checkbox"/> | B Any single vehicle GVWR over 26,000 pounds or such vehicle towing a vehicle under 10,001 pounds GVWR (GVWR, actual, or registered weight). | | |
| 6. Is the vehicle you will be operating equipped with air brakes? | <input type="checkbox"/> | <input type="checkbox"/> | C Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B above, and is designed to transport 16 or more passengers including the driver, or is placarded for hazardous materials. Class C requires H or P endorsement. | | |